



LIEN DISCLOSURE FORM
TO BE COMPLETED BY THE EMPLOYEE

I, _____,

(Print Name)

hereby certify that, to the best of my knowledge, there are no outstanding liens or claims for reimbursement out of the proceeds of my workers' compensation settlement by the Department of Transitional Assistance, Department of Revenue Child Support Enforcement Unit, Veterans Services, prior counsel, or any medical, dental, hospital or disability income provider. My workers' compensation DIA Board number(s) is (are): _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Signature of Employee

Address of Employee

Social Security Number*

Date

*Disclosure of Social Security Number is voluntary. It will assist in the processing of this document.